

## REPORTS INVENTORY

CONTROL NO.

DDS/OL/PD-9

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

Report of Payments to be Withheld

2. TYPE  
OF  
REPORT

STATISTICAL

XX NARRATIVE

MACHINE-NAME LISTING

3. FUNCTIONAL AREA

XX

PERSONNEL

LOGISTICS

MEDICAL

TRAINING

SECURITY

FINANCE

ADMIN. GENERAL

OTHER (specify)

4. NO. OF COPIES PREPARED

Orig &amp; 1

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Monthly

6. DISTRIBUTION (No. of components not  
number of copies)

1

7. FORMAT (memorandum, form  
computer print-out, etc)

Typed memo

8. ADP PROCESSING

YES

XX NO

IF YES GIVE ADP PROCESSING NO.

9. DIRECTIVE AUTHORITY REQUIRING REPORT

Memorandum of understanding between  
OL and OF dtd 3/1/6810. PREPARING COMPONENT (include lowest level  
contributing information to report)

OL/PD/CAS

11. FEEDER REPORTS (State total number and identify by Title,  
Form No., or nomenclature. Attach separate sheet if necessary.)

None

## 12. COST FACTORS

## A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-5	3.57		1/6 hr.		.60		12		7.20
GS-14	10.07		1/12 hr.		.84		12		10.03

## B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR

17.23

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN,  
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

(see No. 9)

## 14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

X RETAIN AS IS ☐ OTHER (explain)

CHANGE

DISCONTINUE

ESTIMATED SAVINGS

MAN-HOURS

DOLLARS

16. DATE OF INVENTORY

22 Sept. 1970

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

18. EXTENSION

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